Department of Healthcare & Family Services
HealthChoice Illinois
Your Health. Your Choice.

Medicaid Managed Care Overview

Participating Organizations

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Medicaid Managed Care Basics

2011 Medicaid Reform Law

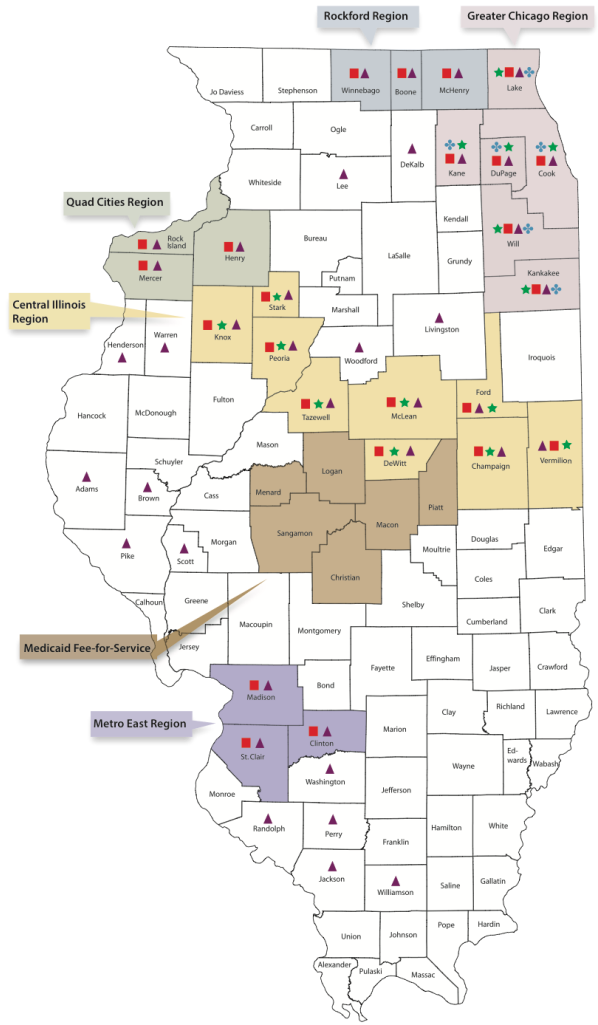
In 2011, the General Assembly passed PA 96-1501 to address increasing budget pressures in the Medicaid program, requiring Illinois to enroll 50% of its Medicaid population in “care coordination” by January 1, 2015.

Medicaid MCO Characteristics

- Mandatory Enrollment
- Auto-Assignments
- IT Structure & Interface
- Encounters Submission
- Capitated Rates based on FFS
- 85% MLR
- Defined Benefit Package
- Defined Population
- Defined Quality Measures & P4Ps
- Network Capacity Standards
- Defined Staffing Ratios
- Mandated Staff & Provider Trainings
- Required Member Materials
- Stringent Marketing & Outreach Regulations
- Defined Appeals & Grievances Procedures
- Mandated Reporting
- Defined BEP Spend
- Robust Fraud, Waste & Abuse Standards
- State & Federal Policy Changes

Illinois Department of Healthcare and Family Services
Care Coordination Map

May 1, 2017



Integrated Care Program (ICP)

HEALTH PLAN NAME	
Aetna Better Health	Greater Chicago, Rockford
Blue Cross Community ICP	Greater Chicago
Cigna-HealthSpring	Greater Chicago (excluding Kankakee)
Community Care Alliance	Greater Chicago, Rockford
CountyCare	Greater Chicago (Cook only)
Humana Health Plan	Greater Chicago
IlliniCare Health	Greater Chicago, Rockford, Quad Cities
Meridian Health Plan	Greater Chicago, Central Illinois (Stark, Knox, Peoria and Tazewell counties only), Quad Cities, Metro East
Molina Healthcare of Illinois	Metro East, Central Illinois MANDATORY ENROLLMENT: Stark, Knox, Peoria, and Tazewell counties only VOLUNTARY ENROLLMENT: DeWitt, Ford, Champaign, McLean and Vermilion counties only
NextLevel Health	Greater Chicago (Cook only)

Family Health Plans/Affordable Care Act Health Plans (FHP/ACA) *

HEALTH PLAN NAME	
Aetna Better Health	Greater Chicago, Rockford
Blue Cross Community Family Health Plan	Greater Chicago
CountyCare	Greater Chicago (Cook only)
Family Health Network	Greater Chicago
Harmony Health Plan	Greater Chicago, Metro East, Jackson, Perry, Randolph, Washington, Williamson
IlliniCare Health	Greater Chicago, Rockford, Quad Cities
Meridian Health Plan	Greater Chicago, Central Illinois (Stark, Knox, Peoria, Tazewell and McLean counties only), Metro East, Quad Cities, Rockford, Adams, Brown, DeKalb, Henderson, Lee, Livingston, Pike, Scott, Warren, Woodford
Molina Healthcare	Greater Chicago (Cook only), Metro East, Central Illinois MANDATORY ENROLLMENT: Stark, Knox, Peoria, Tazewell and McLean counties only VOLUNTARY ENROLLMENT: DeWitt, Ford, Champaign, and Vermilion counties only
NextLevel Health	Greater Chicago (Cook only)

Managed Long Term Services and Supports (MLTSS)

HEALTH PLAN NAME	
Aetna Better Health Premier Plan	Greater Chicago (excluding Lake)
Blue Cross Community	Greater Chicago
IlliniCare Health	Greater Chicago
Meridian Complete	Greater Chicago (excluding Kankakee, Lake)

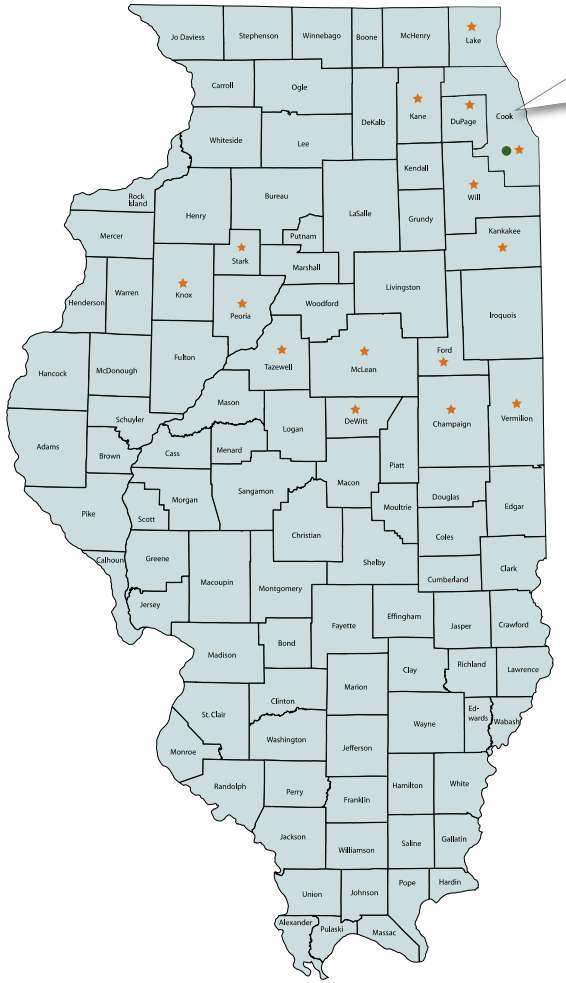
Medicare Medicaid Alignment Initiative (MMAI)

HEALTH PLAN NAME	
Aetna Better Health Premier Plan	Greater Chicago (excluding Lake)
Blue Cross Community	Greater Chicago
Cigna-HealthSpring	Greater Chicago (excluding Kankakee)
Humana Health Plan, Inc	Greater Chicago
IlliniCare Health	Greater Chicago
Meridian Complete	Greater Chicago (excluding Kankakee, Lake)
Molina Healthcare of Illinois	Central Illinois (Stark, Knox, Peoria, Tazewell, McLean, DeWitt, Ford, Champaign, and Vermilion counties only).

***Non-shaded areas are served by Illinois Health Connect**

Illinois Department of Healthcare and Family Services
Medicaid Managed Care Program Map

January 1, 2018



All Statewide HealthChoice Illinois Plans serve Cook County.
Two Cook County HealthChoice Illinois Plans serve only Cook County. (●)

Statewide HealthChoice Illinois Plans

Blue Cross Community Health Plan
Harmony Health Plan, Inc.
IlliniCare Health
Meridian Health Plan
Molina Healthcare

Cook County HealthChoice Illinois Plans

CountyCare Health Plan
NextLevel Health Partners

Medicare Medicaid Alignment Initiative (MMAI)

Aetna Better Health Premier Plan
Cook, DuPage, Kane, Kankakee, Will

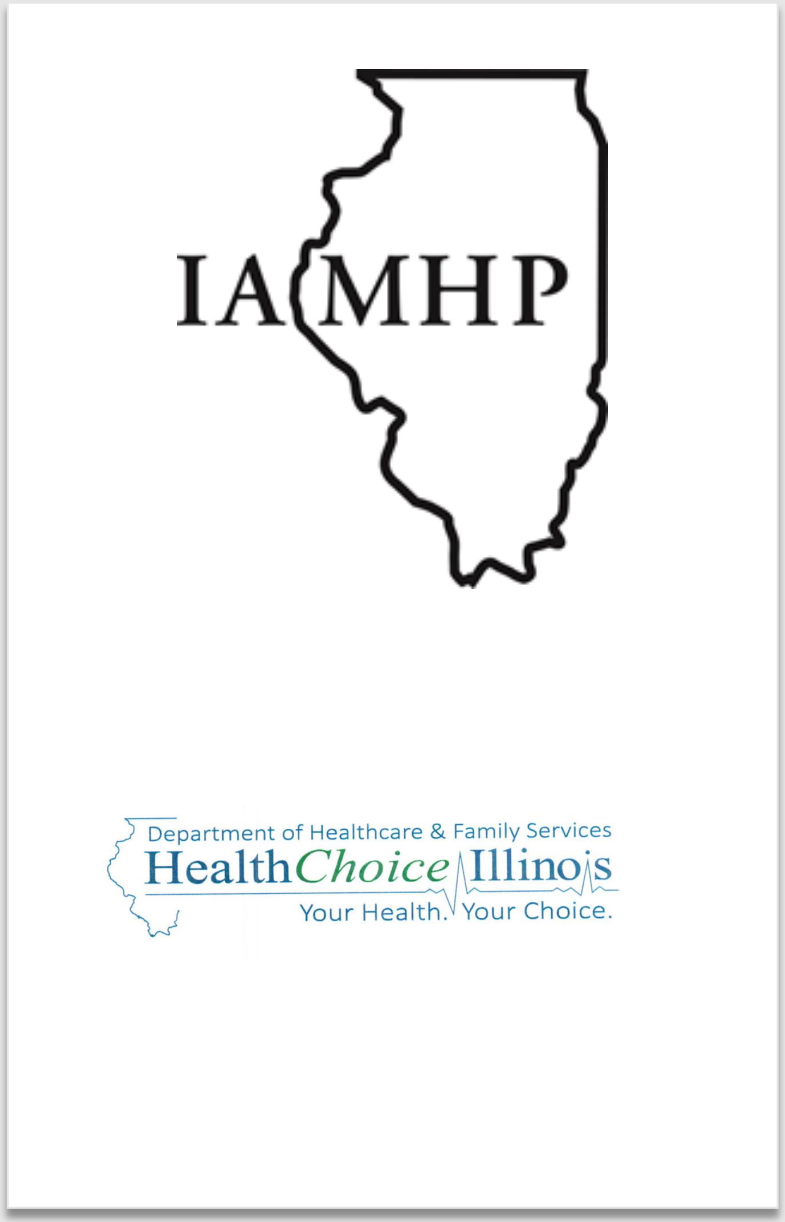
Blue Cross Community
Cook, DuPage, Kane, Kankakee, Lake, Will

Humana Health Plan, Inc
Cook, DuPage, Kane, Kankakee, Lake, Will

IlliniCare Health
Cook, DuPage, Kane, Kankakee, Lake, Will

Meridian Complete
Cook, DuPage, Kane, Will

Molina Healthcare of Illinois
Voluntary Enrollment only: Champaign, DeWitt, Ford, Knox, McLean, Peoria, Stark, Tazewell, Vermilion



Illinois Association of Medicaid Health Plans

Nine MCO Members (2018):

- CountyCare – *HealthChoice Illinois, Cook County Only*
- NextLevel Health – *HealthChoice Illinois, Cook County Only*
- Harmony WellCare – *HealthChoice Illinois*
- BCBSIL – *HealthChoice Illinois, MMAI*
- Molina Healthcare – *HealthChoice Illinois, MMAI*
- Meridian Health – *HealthChoice Illinois, MMAI*
- IlliniCare – *HealthChoice Illinois, DCFS, MMAI*
- Aetna Better Health – *MMAI*
- Humana – *MMAI*

Health*Choice* Illinois

- Enrollment Process: Phase I

  Transition Assignment in Current MCO Regions

  - Letters mailed October & November 2017 with effective date of January 1, 2018
  - Clients assigned to current MCO with 90-day option to change to another MCO
  - Locked in for 12 months

Health*Choice* Illinois

- Enrollment Process: Phase II
  Full Enrollment Packet in Expansion Regions
  - Enrollment Packets mailed beginning January 2018 with effective date beginning April 1, 2018
  - Clients given 30-day option to voluntarily enroll with one of five statewide MCOs by calling Client Enrollment Broker (Maximus)
  - If no choice is made, client will be auto assigned to an MCO based on an algorithm
  - 90-day option period to change to another MCO
  - Locked in for 12 months

Health*Choice* Illinois

- Enrollment Process: Phase III
  Enrollment of Special Needs Children
    - Enrollment anticipated Oct 1, 2018
    - Children with Special Needs:
        - Under age 21
        - are eligible for supplemental security income (SSI) under Title XVI;
        - receive services under the Specialized Care for Children Act via the Division of Specialized Care for Children (DSCC);
        - qualify as disabled; or,
        - are under the legal custody or guardianship of the Illinois Department of Children and Family Services (DCFS).

HealthChoice Illinois Enrollments—May 2018

County	Blue Cross/ Blue Shield of Illinois	Harmony Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	County Care Health Plan	NextLevel Health Partners	*County Total*
*Total ***	*476,474*	*260,125*	*327,426*	*556,542*	*214,571*	*331,051*	*61,257*	*2,227,446*

MMAI Enrollments—May 2018

County	Aetna Better Health	Blue Cross/ Blue Shield of Illinois	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	*County Total*
Champaign						614	***614***
Cook	5,965	13,928	5,930	5,571	6,496		***37,890***
DuPage	452	1,773	579	391	418		***3,613***
Ford						59	***59***
Kane	406	984	307	275	447		***2,419***
Kankakee	252	544	182	114			***1,092***
Knox						371	***371***
Lake	*	1,240	768	958	*		***2,966***
McLean						625	***625***
Peoria						1,024	***1,024***
Stark						20	***20***
Tazewell						477	***477***
Vermilion						519	***519***
Will	390	1,105	390	283	458		***2,626***
Total	***7,465***	***19,574***	***8,156***	***7,592***	***7,819***	***3,709***	***54,315***

Specific Population Delays

- According to an HFS Provider Notice published on 3/29/18, “the HealthChoice Illinois program for dual-eligible individuals receiving long term care and who are not enrolled in the Medicare-Medicaid Alignment Initiative (MMAI) or individuals receiving waiver services in the expansion counties has been postponed. This change effects only individuals receiving services in one of the following programs and who recently selected or were assigned to a health plan in the HealthChoice Illinois program in the expansion counties for an April 1, 2018 or later effective date.
  - Community Care Program (Elderly Waiver)
  - Home Services Program (Division of Rehabilitation Services Waivers)
  - Supportive Living Program (SLP Waiver)
  - Nursing home or long term care facility (non-MMAI dual eligible)

Contract & Billing Specifics

Continuity of Care

- The MCO Model Contract requires that a member newly enrolled with a health plan may maintain a current course of treatment for a 90-day transition period. This applies to:
  - All provider types
  - Out-of-Network providers
- Health Plans will pay the same rate HFS would pay for those services under current Fee-For-Service rates
- Providers must adhere to health plan procedures regarding referrals and preauthorization for treatment

Simplified Credentialing

From HFS:

- Under the new program, registering with the Department's online provider enrollment program will become the only requirement to begin developing relationships with every Medicaid managed care health plan…Medicaid providers will need to only register with HFS IMPACT website…
- Once an application is approved by HFS, the provider is considered credentialed with the Health Plan.
- Please be aware of two important features of this upgrade. First, the change applies only to the HealthChoice Illinois and MMAI programs. Second, although providers will be credentialed through IMPACT, they should continue to provide specific information requested by MCOs that is not included in the credentialing process but is needed for MCO Operations, such as provider office hours.
- Credentialing on it's own does not mean a provider and a health plan will be doing business together. Provider and plans must still enter into contractual relationships and satisfy all necessary operational requirements.

IAMHP Universal Provider Roster

- Standardized roster to be accepted by all HealthChoice plans.
- The Roster and instructions can be found on IAMHP's website: IAMHP.net under the provider resources page
- The template seeks to obtain three categories of information required for contracting and provider directories:
  - Information that is required
  - Information that is required only if applicable to your organization
  - Information that is preferred, but not required
- If your organization would like training on completing the roster please let IAMHP or a Medicaid Health Plan know.

Registering in IMPACT

- How a provider registers in IMPACT will directly affect how a provider is reimbursed by a health plan.
- Ensure that all applicable specialties are selected and submitted to IMPACT.
- It is paramount that the taxonomy number(s) registered with IMPACT are the ones listed on claims and rosters to ensure payment.

Clean Claims

- HFS requires that clean claims be paid within 30 days.
  - 90% within 30 days
  - 99% within 90 days
- A clean claim is a claim submitted on the proper form, to a health plan for an eligible member, by a provider authorized to perform a covered benefit that is medically necessary and appropriate, where no additional information is required to process the claim.

Appeals & Grievances

- Every Health Plan has an approved Appeals and Grievances policy.
- Providers are allowed to appeal on behalf of Medicaid members.
- This process is monitored by HFS and timelines must be met.
- If plans are not meeting contractual obligations then they are subject to sanctions.

Prior Authorizations

- Every plan lists their prior authorization requirements:
  - http://iamhp.net/resource-center-preauthorization
- Plans review prior authorization requirements regularly. If you notice an outlier notify the health plan.
- Electronic Authorization requests are preferred and encouraged.

Known Industry Concerns

- IAMHP is currently working with the Department and Medicaid Plans to clarify the following policies:
  - Maternal and Child Health Add-on
  - Streamlining newborn assignment and claims payment
  - Vaccines for Children policy changes

Additional Resources

Illinois Department of Healthcare and Family Services – Care Coordination Homepage

- Transition Letters and Client Communications
- Program Descriptions
- Enrollment Information
- Care Coordination Quality Metrics
- HealthChoice Illinois 2018 Model Contract

IAMHP Website – Info for Providers

- In addition to the Key Contacts and Billing Guides, the Info for Providers section also includes links to Provider Manuals and Prior Authorization links
- Regular updates to reflect any URL changes, document updates, etc.
- IAMHP always welcomes suggestions, so please don’t hesitate to share what additional information we can collect from the health plans and post to our site.

HealthChoice Illinois Health Plan Information

- An educational document comprised of presentations by each of the HealthChoice Illinois health plans
- Navigation: Info for Providers → HealthChoice Illinois → IAMHP HealthChoice Illinois and Health Plan Information
- Covers a wide range of topics, including:
  - Service Delivery Models
  - Care Coordination
  - Billing/Claims Procedures
  - Reimbursement Methodologies
  - Prior Authorizations
  - Appeals/Grievances
  - Mandated Trainings
  - Timely Filing
  - Provider Portals

IAMHP Billing Guides

The Illinois Department of Healthcare and Family Services (HFS) requires Managed Care Organizations (MCO) to meet very specific claim data submission standards requiring particular and exact data elements on claims submitted from providers. To facilitate the appropriate application of these rules, Managed Care Organizations are collectively relaying the following information in these provider memorandums and presentations in an effort to reiterate and provide transparency on guidelines in relation to encounter requirements. IAMHP would like to iterate that the information contained within these documents are general requirements and encourages providers to connect directly with the MCOs to whom they are billing in order to gather health plan specific billing requirements.

Provider Memos on Claim Requirements for Encounters

Admission Dates and Value Code - IAMHP Provider Memo

Billing Guidelines for EAPG Pricing - IAMHP Provider Memo *revised*

D01 Guidance - IAMHP Provider Memo

General Acute Care and Children's Hospitals Billing Guidelines - IAMHP Provider Memo

Medical Assistance Program (MAP) Guidelines - IAMHP Provider Memo

Patient Credit File - IAMHP Provider Memo

Pharmaceutical Labelers with Signed Rebate Agreements - IAMHP Provider Memo

Physician Assistant Billing Guidelines - IAMHP Provider Memo

Transportation Billing Guidelines - IAMHP Provider Memo

IAMHP Key Contacts

Key Contacts for Providers

To find the contact you are looking for, simply navigate to that page using the link provided. **IAMHP no longer maintains a printed directory.**

By Topic Area

Children's Services

Community Mental Health

Dental

Durable Medical Equipment

Federally Qualified Health Centers (FQHC)

Home Health

Hospice

Hospitals

Long Term Care

Mental Health

Methadone Treatment

Pharmacy / Pharmaceuticals

Physicians

Public Health Departments

Redetermination Point Person

Substance Use Disorder

Report a Contact Change

Help us keep this information up-to-date. Notify our team using the form below if you see any inaccuracies.

Your Role in Requesting a Change *

- ◯ I am a Directory User who believes a listing is incorrect
- ◯ I am an Organization Designee who needs to report a change

Requested Change *

- ☐ Remove a Contact (This person is no longer the contact, but there is no replacement yet)
- ☐ Add Contact (New person, but not replacing anyone)
- ☐ Replace Contact (Remove this person and replace them with someone else)
- ☐ Other

Please describe the change in detail below.

If you are adding a new contact, we need to know:

- Their name
- Their title
- Organization (if different from yours)
- Their phone number
- Their email address
- Their areas of responsibility / committees / topics that they should be listed under

Change Needed *

IAMHP Contact Information

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samantha@iamhpteam.org

Cyrus Winnett, Associate Director
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